



**REIMBURSEMENT OF  
CARER COSTS**

To Customer and Community Involvement Co-ordinator, Sentinel Housing Association

I (Add your Name)\_\_\_\_\_

am claiming (Cost): \_\_\_\_\_ carer allowance for my dependant so I can go to  
(fill in name and date of meeting or training course)

-----  
-----

Name/s of person/s being cared for:

Name of Carer:	Your Name:
Address:	Address:
Telephone No:	Telephone No:

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form before the agreed deadline.**

**Some information about payment of carer costs**

- **As a general policy we will reimburse you up to a maximum of £6 per hour for carer costs**
- **We can only pay carer costs if we receive this form from you before the agreed deadline**
- **Unfortunately we can not pay this allowance in cash. You should be sent a cheque within 14 days after the meeting or training has taken place**
- **If you have any questions about carer costs please phone Richard Pilbeam on Freephone 0800 195 5515 from a landline or 0300 666 5515 from your mobile.**

Office use only

Approved By
Cheque No
Date posted